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CONFIRMATION NO. 6701

<b>SERIAL NUMBER</b> 10/681,788	<b>FILING OR 371(c) DATE</b> 10/08/2003 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1644	<b>ATTORNEY DOCKET NO.</b> 07316.0002.CPUS01
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**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CIP of PCT/US03/10700 04/08/2003 which claims benefit of 60/371,663 04/09/2002

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *See EX*  
*See none*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
 \*\* 01/03/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> MO	<b>SHEETS DRAWING</b> 12	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials				

**ADDRESS**  
22930

**TITLE**  
Sustained treatment of type 1 diabetes after expression of predisposition markers

<b>FILING FEE RECEIVED</b> 1025	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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